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SECRETARY OF STATE
SECRETARY OF LORIDA

COVER LETTER

,	O I DIL DDI I DI	-	
TO: Registration Section Division of Corporations			
SUBJECT: The Griffith G (Name of Fo	FOUP > 1/C reign Limited Liability	Company)	
Dear Sir or Madam:			
The enclosed withdrawal and fee(s) are submitted	ed for filing.		
Please return all correspondence concerning this	s matter to the following	3:	
DAVID Gr. FF1th (Name of Person)		_	
(Name of Person)			
(Firm/Company)	·····	-	180
(Firm/Company)			高
5154 SPANISH OAKS DI		_	08 HAR 31 PM 3: 53
(Address)			OF S.
LAKE land FL 33205			器 53
(City/State and Zip Cod	de)	-	ア
For further information concerning this matter,	please call:		
DAVID Griffith	at (8/3	843 3283	
(Name of Person)		Daytime Telephone Number)	
STREET/COURIER ADDRESS:		LING ADDRESS:	
Registration Section Division of Corporations		tration Section ion of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Box 6327 nassee, Florida 32314	
Enclosed is a check for the following amount	!:		
\$25 Filing Fee \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

ÄPPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

The Griffith Grown (Name of limited liability company)
DE. (Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.
5154 SPANISH OAKS Dr (Mailing address)
LAKE)and FL 33805 (City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Down James 1
(Signature of Member or authorized representative of a member)
(Typed or printed name of signee) ARR 3

Filing Fee: \$25.00